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ANTHONY W. BRICK, JR.
(1909-1991)

THOMAS R. ELMER
(1945-2004)

November 24, 2010

Paul R. Warren, Clerk of Court
United States Bankruptcy Court, WDNY
Olympic Towers
300 Pearl Street, Suite 250
2nd Floor
Buffalo, NY 14202

RE: Geschwender, Bruce T./Case No.: 05-18714 MJK
Request to Deposit Unclaimed Funds into the United States Treasury

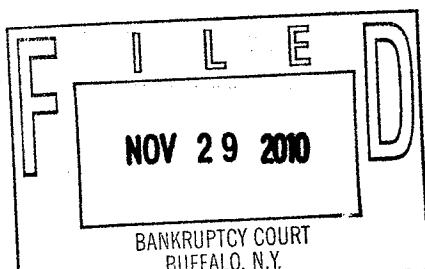
Dear Clerk of Court:

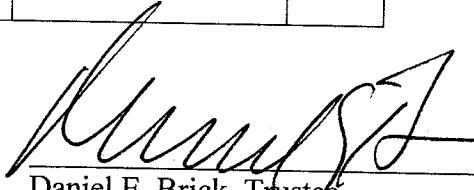
Enclosed please find my Trustee's check in the amount of \$3.41. I request that the Clerk of Court deposit said funds, in the name of the creditors and in the amounts listed below, with the U.S. Treasury as "unclaimed funds."

I have made a diligent effort to locate the claimant(s) for said funds and have been unable to locate the claimant(s), or

The funds represent dividend payment(s) of less than \$5.00 to the affected creditor and are required to be treated as unclaimed funds by Bankruptcy Rule 3010(a).

Claimant	Recovery Management Systems Corporation	Amount	\$3.41	Claims Register #	7




Daniel E. Brick, Trustee

DANIEL EVANS BRICK
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ANTHONY W. BRICK, JR.
(1909–1991)
THOMAS R. ELMER
(1945–2004)

November 22, 2010

Recovery Management Systems Corporation
For GE Money Bank, dba EXXONMOBIL
25 S.E. 2nd Avenue, Suite 1120
Miami, FL 33131-

Re: GESCHWENDER, BRUCE T.
Case No.: 05-18714 MJK

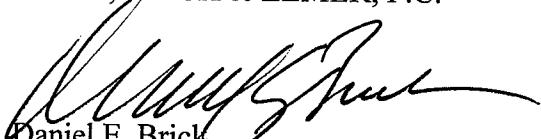
Ladies and Gentlemen:

Enclosed please find a check in the amount of \$3.41 representing approximately 3.64% of your claim in the above listed bankruptcy case.

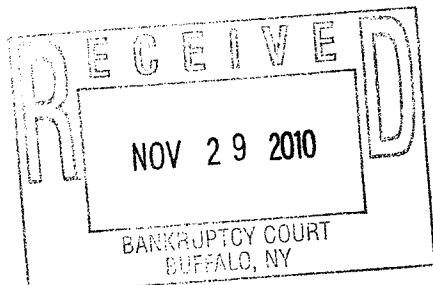
Thank you for your consideration.

Very truly yours,

BRICK, BRICK & ELMER, P.C.


Daniel E. Brick
Trustee

DEB:tac
Enclosure



United States Bankruptcy Court Western District of New York, Buffalo Division		Ch. 7 CHAPTER
Name of Debtor BRUCE T GESCHWENDER, XXX-XX-6942	Case Number 1-05-18714-MJK	PROOF OF CLAIM (Cases Filed 4/1/01 & After)
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503		
Name of Creditor (The person or other entity to whom the debtor owes money or property) GE Money Bank DBA EXXONMOBIL	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input checked="" type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and Address Where Notices Should be Sent Recovery Management Systems Corporation For GE Money Bank 256898 - 1742508 25 S.E. 2nd Avenue, Suite 1120 Miami, Florida 33131	This space for court use only	
Telephone No. (305) 379-7674		
Account or other number by which creditor identifies debtor: XXXXXXXXXXXX7491	<input type="checkbox"/> Check here if this claim <input type="checkbox"/> amends <input type="checkbox"/> replaces a previously filed claim dated: _____	
1. BASIS FOR CLAIM	<input checked="" type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other: Revolving Credit Line	
2. DATE DEBT WAS INCURRED: 1978-2005	3. IF COURT JUDGMENT, DATE OBTAINED: Not Applicable	
4. Total Amount of Claim at Time Case Filed \$93.65	\$0.00	\$93.65
(unsecured) (secured) (priority) (Total)		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured claim	7. Unsecured Priority Claim	
<input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____	<input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4650)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier-11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan-11 U.S.C. § 507(a)(4) <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use-11 U.S.C. § 507(a)(6) <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child-11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units- 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. § 507(a)	
*Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.		
6. Unsecured Nonpriority Claim _____		
<input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only party of your claim is entitled to priority.		
8. CREDITS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.	Mail claim To: Clerk, U.S. Bankruptcy Court Western District of NY Buffalo Division Olympic Towers, Suite 250 300 Pearl Street Buffalo, NY 14202-2501	
9. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
10. DATE-STAMPED COPY: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of the proof of claim.	NOV 29 2010	
Date: January 24, 2006	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) /s/ Ramesh Singh Ramesh Singh, Recovery Management Systems Corporation	This Space Is for Court Use Only BANKRUPTCY COURT BUFFALO, NY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 35

Case 1-05-18714-MJK Claim 7-1 Filed 01/24/06 Desc Main Document Page 1 of 2